

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. _____		FILING DATE _____				
							APPLICANT(S) _____						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1		2					51		2				
2		2					52		2				
3		2					53		2				
4		2					54		2				
5		2					55		2				
6		2					56		2				
7		2					57		2				
8		2					58		2				
9		2					59		2				
10		2	20				60		2	20			
11		2					61		2				
12		2					62		2				
13		2					63		2				
14		2					64		①				
15		2					65		①				
16		2					66		①				
17		2					67		①				
18		2					68		①				
19		2					69		①				
20		2	20				70		①	13			
21		2					71		①				
22		2					72		①				
23		2					73		①				
24		2					74		①				
25		2					75		①				
26		2					76		①	6			
27		2					77						
28		2					78						
29		2					79						
30		2	20				80						
31		2					81						
32		2					82						
33		2					83						
34		2					84						
35		2					85						
36		2					86						
37		2					87						
38		2					88						
39		2					89						
40		2	20				90						
41		2					91						
42		2					92						
43		2					93						
44		2					94						
45		2					95						
46		2					96						
47		2					97						
48		2					98						
49		2					99						
50		2	20				100						
TOTAL IND.		↓		↓		↓	TOTAL IND.	4	↓		↓		↓
TOTAL DEP.		↓		↓		↓	TOTAL DEP.	320	↓		↓		↓
TOTAL CLAIMS							TOTAL CLAIMS	324					

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							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1												
2		1											
3		1											
4	1												
5		1											
6		1											
7		2											
8		2											
9		2											
10		2	12										
11		2											
12		2											
13		2											
14		2											
15		2											
16		2											
17		2											
18		2											
19		2											
20		2	20										
21		2											
22		2											
23		2											
24		2											
25		①											
26		2											
27		2											
28		2											
29		2											
30		2	19										
31		2											
32		2											
33		2											
34		2											
35		2											
36		2											
37		2											
38		2											
39		2											
40		2	20										
41		2											
42		2											
43		2											
44		2											
45		2											
46		2											
47		2											
48		2											
49		2											
50		2	20										
51		2											
52		2											
53		2											
54		2											
55		2											
56		2											
57		2											
58		2											
59		2											
60		2	20										
61		2											
62		2											
63		2											
64		2											
65		2											
66		2											
67		2											
68		2											
69		2											
70		2	20										
71		2											
72		2											
73		2											
74		2											
75		2											
76		2											
77		2											
78		2											
79		2											
80		2	20										
81		2											
82	1												
83		1											
84		1											
85		1											
86	1												
87		1											
88		1											
89		1											
90		2	13										
91		2											
92		2											
93		2											
94		2											
95		2											
96		2											
97		2											
98		2											
99		2											
100		2	27										
TOTAL IND.	↓		↓		↓		TOTAL IND.	↓		↓		↓	
TOTAL DEP.	←		←		←		TOTAL DEP.	←		←		←	
TOTAL CLAIMS							TOTAL CLAIMS						